

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **09936726**
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		1				
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TOTAL IND.	2					
TOTAL DEP.	39					
TOTAL CLAIMS	41					
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